

362

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2329

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 25

DEATH 1302 SIDENCE 1	1. PLACE OF DEATH A. COUNTY <u>Greenlee</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Greenlee</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Morenci</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Morenci</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>F.D. Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
ENT NAL A/64 4 549	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Adolf</u> B. (MIDDLE) <u>Joseph</u> C. (LAST) <u>Scheier</u>		4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Milling & Mining</u>	
	7. DATE OF BIRTH MONTH <u>2</u> DAY <u>1884</u> YEAR <u>64</u> MONTHS <u>8</u> DAYS <u>13</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
ISE TH 18)	9B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mining</u>		13. SOCIAL SECURITY NO. <u>526-26-0089</u>	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Seneca Kans</u>		11. CITIZEN OF WHAT COUNTRY? <u>US</u>	
	14A. FATHER'S NAME <u>William Scheier</u>		15A. MOTHER'S MAIDEN NAME <u>Emma Spiering</u>	
IONS, PSY TH TO NAL ENCE	16. INFORMANT'S SIGNATURE <u>Am Scheier</u> ADDRESS <u>Morenci Ariz</u>		17. DATE OF DEATH MONTH <u>May</u> DAY <u>15</u> YEAR <u>1949</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS, ETC.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (2) <u>Carcinoma of mouth</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Acute Cardiac decompensation & sh</u>	
	19A. DATE OF OPERATION <u>April 1949</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of mandible</u>	
CAL ONER'S ATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
RAL TOR ID FRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 49</u> TO <u>May 15 49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>May 15 49</u> AND THAT DEATH OCCURRED AT <u>10P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. DATE SIGNED <u>May 16, 1949</u>	
	23A. SIGNATURE <u>Carl H. Jones M.D.</u>		23B. ADDRESS <u>Morenci Ariz</u>	
	24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Morenci Greenlee Ariz</u>	
25A. DATE REC'D BY LOCAL REG. <u>5-19-49</u>		25B. REGISTRAR'S SIGNATURE <u>James Stuckland</u>		
26. FUNERAL DIRECTOR'S SIGNATURE <u>J. McMillan</u> ADDRESS <u>Elletts Ariz</u>				